C-14 (07-22-03)	Restricte	d Licens		GAMING CON			nse Fees		
				Only – 1 thro					
	Effective Date	:		Filing [Deadline:				
Account No., N	ame, Address, Zip	Code					For Office	Use (Only
							Check Number		
							Batch Number		
							Entry		
		Please co	orrect if in error				Date		
			IN	ISTRUCTION	3				
m	his report must b nachines are to b ORM NGC-14. A	e added AFTE F	R the beginnin	g of a calendar					
Т	he total number	of slot machines	s to be operate	ed must be inclu	ded on this	report, regardle	ess of ownersh	nip.	
R	eport all slot mad	chines, pinball r	machines, vide	eo machines and	d similar de	vices by denom	ination.		
R	teport slot machir	nes and devices	s with denomi	nations greater t	han one do	ollar (\$) under "C	Other."		
	slot machines ar aid and the total							iously	/
	IOTE: The annua	ıl slot machine t	tax will also ap	oply to additions	, and a Fori	m NGC-04 mus	t be filed and		
If	you have any qu	estions, please	contact the S	State Gaming Co	ntrol Board	, Tax and Licen	se Division.		
_			-	EE SCHEDULE					
N	Total Number of Total Number of Total Number of Machines to Be Machines to Be Machines								
	Operated	Amount Due	Operated 6	Amour \$ 5		Operated 11	Amount Due \$ 1251	Э	
2	}	162	7	6	887 828	12 13	1392		
4	} }	324	9	9	969 10	14 15	1674		
o _l	pplying for maching perated by denomin dding machines du IACHINE SUMMAR	nation in the MAC	CHINE SUMMAI	RY box below.					
		Dat	e of Additio	n:		,	_		
			SLOT M	ACHINE SUM	MARY				
Denomination	on 1¢	5¢	10¢	25¢	50¢	\$1	Other		Tota
Quantity									
						 		ı	
	s are due on the EE SCHEDULE				ted in the	machine sumi	mary.		
Line 1 Slot	t Machine Fees	Due					\$		
Line 2 Per	nalty for Late Pa (25% of Line	ayment NRS 4 a 1, but not les	463.270(5) ss than \$50)						
Line 3 Rer	mittance Due (1	Total of Line 1	and Line 2)				\$		
State	Please mak Gaming Contr			the Nevada G se Division, P				02-80	004
				cortify and d	oclare und	ler the penaltie	oo of porium	that I	am tha

of the business named above; that this is a (Owner, Partner, President, Treasurer, Other-describe) true, correct and complete report to the best of my knowledge, information, and belief; and that this report is made with the knowledge and consent of all other individuals licensed. Signed _____ Dated_ Name: _____ Phone: _____ Person to contact regarding this report: RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS